ADIZONA STATE D	SOARD OF HEALTH State Nile No 0.57
1 1. PLACE OF RIRTH	TAL STATISTICS Registered No. 27 / /
Mil.	/ him a
County // CO	10 1.
District or Township	or Village 0.0. 03 14 79
City Miami No. 89 Ald Springs Canon St., Ward	
(If birth occurred in a	hospital or institution, give its NAME instead of street and number)
2. Full name of child Ammaaa Our	supplemental report, as directed.
3. Sex of Child To be answered CNLY 4. Twin, triplet or oth in event of plural births. 5. No., in order of bi	of birth/ www 13-1930
1	14. MOVHER
S. FATHER Dane	Full maiden name long of Alan and a
De The	your xyouranaez
9. Residence (Usual place of abode) / Mamu	15. Residence (Usual place of abode) Mann,
If non-resident, give place and state.	If non-resident, give place and state. Wyouk.
10. Color or race	16. Color or race
MUL. 11. Age at last birthday 3 (Years)	Mly. 17. Age at last birthday 2.7(Years)
12. Birthplace (city or place) Chihuahua	18. Birthplace (city or place) Chihu ahna
(State or country)  Mey	(State or country) Mlf.
13. Gecupation	19. Occupation
<u> </u>	Nature of Industry
Nature of Industry Mull	Housewife
20. Number of children of this mother	
	The but now dead.
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE . /6	
I hereby certify that I attended the birth of this child, who was born attended at above stated.	
or midwife, then the father, householder, etc., should make this return. A stillborn	$\sim 10^{-10}$
child is one that neither breathes nor shows other evidence of life after birth.	, (Physician or-midwife.)
Given name added from a supplement report	Miami Urisona.
a supplement report Month, day, year	(3: 18)
File	rue 7) 19 30 (0 - 6 Registrar.
Registrar.	, negistiar.

**O** .

Registrar. 319-615-189